

# TONGA

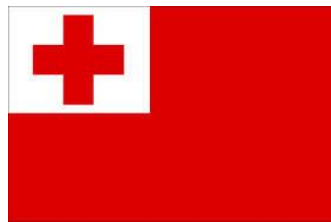


## GLOBAL AIDS RESPONSE PROGRESS REPORT: 2014

31 MARCH 2014



# Kingdom of Tonga



## Global AIDS Response Progress Report 2014

Reporting period January - December 2013





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# 1. Introduction

## Remarks by the Ministry of Health

This report documents the progress achieved by Tonga's response to HIV and AIDS over the past two years (2012-2013). This progress demonstrates how Tonga has committed to the Political Declaration of HIV/AIDS adopted by United Nation Member States at the High Level Meeting in New York in June 2011.

The Government of Tonga is conscious of the role played not only by the Ministry of Health but also other government organisations and non-government organisations that are proactive in various fields and areas of care for PLWHA. Apparently, my Ministry cannot do this alone but partnership in health is the only way forward to achieve Program goals through collaboration and teamwork. Besides, Tonga is gratified that international partners have been on board for so many years to support and assist our national response to HIV/AIDS and other STIs both technically and financially. The Global Fund (GF) and Response Fund (RF) has been the key donor and are highly acknowledged for its great contribution to the effort to control this devastating disease. I would also acknowledged the support from WHO, UNAIDS and other UN agencies through financial and technical assistance towards the Program in the past years. The Global Fund has committed to funding the next two years project for both HIV/AIDS and TB Programs.

The Tonga national multi-sectoral response and its collective efforts have been developed and strengthened through these local and international partnerships and it is acclaimed as a model for national cooperation in the fight against HIV/AIDS and other STIs. A National Strategic Plan was developed for 2009 - 2013 and its implementation was guided by the Country Coordinating Mechanism (CCM) with technical support from the Secretariat of the Pacific Community (SPC) on five key focus areas included prevention, care and treatment, enabling environment, monitoring and evaluation, and management and coordination. Despite the effort made, HIV discrimination and stigma has remained a key barrier as it undermines all elements of this national response. Thus, a call for leaders to stand with PLWHA against stigma and discrimination is vital because anything less in our response would deserve condemnation from generation to generation.

Let us therefore take this opportunity to make history by doing something concrete for the people of Tonga. If we can truly move forward with joint action from all levels of society to reduce the scourge of HIV/AIDS, Tonga will certainly reach the "Three Zero Strategy" – Zero new HIV infection, Zero discrimination, and Zero AIDS related deaths.

I am deeply grateful to each and every one who is part of this fight against HIV/AIDS.

*Malo 'Aupito*

  
Lord Tu'i'afitu  
The Honorable Minister of Health  
TONGA



## TONGA

### 1.1 Acronyms

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ANC</b>	Ante natal Clinic
<b>ART</b>	Antiretroviral Therapy
<b>ARV</b>	Antiretroviral
<b>CCM</b>	Country Coordinating Mechanism
<b>CSO</b>	Civil Society Organization
<b>DHS</b>	Demographic Health Survey
<b>GARPR</b>	Global AIDS Response Progress Report
<b>GFATM</b>	Global Fund to Fight AIDS, TB and Malaria
<b>HCW</b>	Health Care worker
<b>HIV</b>	Human Immunodeficiency Virus
<b>IDU</b>	Injecting Drug User
<b>MIA</b>	Ministry of Internal Affairs
<b>MFF</b>	“Ma’a Fafine moe Famili” (For Women & Family)
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MOET</b>	Ministry of Education and Training
<b>MOH</b>	Ministry of Health
<b>MSC</b>	Most Significant Change
<b>MSM</b>	Men Sex Men
<b>MTR</b>	Mid-Term Review
<b>NSP</b>	National Strategic Plan
<b>PLWHA</b>	Person Living with HIV/AIDS
<b>PLWHIV</b>	Person Living with HIV
<b>PMTCT</b>	Prevention of mother-to-child transmission
<b>RF</b>	Pacific Response Fund
<b>SGSS</b>	Second Generation Surveillance Survey
<b>SPC</b>	Secretariat of Pacific Community
<b>STIs</b>	Sexually Transmitted Infections
<b>TA</b>	Technical Assistance
<b>TB</b>	Tuberculosis
<b>TFHA</b>	Tonga Family Health Association
<b>TLA</b>	Tonga Leiti’s Association
<b>TNCWC</b>	Tonga National Centre for Women and Children
<b>UNAIDS</b>	United Nations Joint Programme on HIV/AIDS
<b>UNGASS</b>	United Nations General Assembly Special Session
<b>UNICEF</b>	United Nations Children’s Fund
<b>UNFPA</b>	United Nations Population Fund
<b>VCCT</b>	Voluntary Confidential Counselling and Testing
<b>VFHC</b>	Vava’u Family Health Centre
<b>WCCC</b>	Women and Children Crisis Centre
<b>WHO</b>	World Health Organization

## 1.2 Acknowledgements

The Global AIDS Response Progress (GARP) Report for Tonga for the period 2012 - 2013 was prepared through an inclusive and consultative process under the leadership of the Country Coordination Mechanism (CCM). The report was prepared by a team consists of the following members as nominated by the National HIV/AIDS Program Focal Point:

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2. **Mr. Sione Hufanga**, *Acting Principal Health Planning Officer and Head of the Health Information Section, Ministry of Health*
3. **Mrs. Angela P Fineanganofu**, *Tonga National HIV/STIs Program Coordinator & GAPR Focal Point, Ministry of Health*

The reporting team would also like to acknowledge the contributions of the following people and organizations of which their high level of professionalism and commitments to the national response to HIV/AIDS helped to make this report possible:

1. Dr Siale 'Akauola, *Director of Health*
2. Dr Malakai 'Ake, *Chief Medical Officer Public Health, Ministry of Health*
3. Dr Seini Kupu, *Independent Consultant*
4. Mrs. Amelia Hoponoa, *Director of Tonga Family Health Association*
5. Mrs. Fuiva Kavaliku, *Director of Tonga National Centre for Women & Children*
6. Mrs. Lesila To'ia, *Women & Children Crisis Centre*
7. Mr. Sosaia Penitani, *National TB Program Coordinator, Ministry of Health*
8. Sr. Afu Tei, *Reproductive Health Section, Ministry of Health*
9. Sr. 'Alisi Fifita, *Reproductive Health Section, Ministry of Health*
10. Mrs. Katherine Mafi, *Tonga Family Health Association*
11. Ms. Joey Joleen Mataele, *President Tonga Leiti's Association*
12. Ms. Leilani Fainga'a, *Tonga Leiti's Association*
13. All Key Stakeholder Members
  - Government Ministries
  - Civil Society Organisation (CSO)
  - Faith Based Organisation (FBO)



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Nuku'alofa, **TONGA**

## 2. Indicator Overview

### Core indicators for Global AIDS Response Progress Reporting

Individual indicators may be used to track more than one target.

Targets	Indicators		Value	Measurement	Comments
<b>Target 1.</b> Reduce sexual transmission of HIV by 50% by 2015 <i>General population</i>	1.1	Percentage of young women and men aged 15–24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*	<b>18% Women</b> <b>21% Men</b>	Tonga Demographic Health Survey (DHS) 2012	Indicator is relevant for Tonga, data are available to inform this indicator.  Knowledge of HIV infection prevention was somewhat less widespread but still reasonably high. Yet it was lowest among youth (10% women, 13% men) aged 15 – 19.
	1.2	Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	<b>Less 1% Women</b> <b>1% over Men</b>	Tonga Demographic Health Survey (DHS) 2012	Indicator is relevant for Tonga, data are available to inform this indicator.  A small proportion of adolescents aged 15 – 24 had sexual intercourse before the age of 15.

	1.3	Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months	<b>3% Women</b> <b>8% Men</b>	Tonga Demographic Health Survey (DHS) 2012	Indicator is relevant for Tonga, data are available to inform this indicator.  More men than women reported having two or more sexual partners in the 12 months preceding to the survey.
	1.4	Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse*	<b>6% Women</b> <b>13% Men</b>	Tonga Demographic Health Survey (DHS) 2012	Indicator is relevant for Tonga, data are available to inform this indicator.  Clear conclusion cannot be drawn around condom use. Usage seems to be higher among men than women. Overall, this is low rate of condom usage, which is corresponds to the low rate of condom for contraceptive reported elsewhere.
	1.5	Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results	<b>4% Women</b> <b>2% Men</b>	Tonga Demographic Health Survey (DHS) 2012	Indicator is relevant for Tonga, data are available to inform this indicator.  According to the DHS

				Ministry of Health Surveillance Data 2013	2012, the number if people ever tested for HIV was low and so as those receiving their results.  Ministry of Health Surveillance Data 2013 reported 6033 tests carried out with 57% women and 43% men tested for HIV. 50% of men and women tested for HIV was counsel with provision of results.
	1.6	Percentage of young people aged 15-24 who are living with HIV*	<b>0% Women</b> <b>0% Men</b>	Tonga Demographic Health Survey (DHS) 2012	Indicator relevant for Tonga, but there was NO known people aged 15 – 24 living with HIV during reporting period.  Tonga has 0.002% prevalence rate among people 15 – 49 years old.
<i>Sex workers</i>	1.7	Percentage of sex workers reached with HIV prevention programmes		Ministry of Health Programmatic Report 2013	Indicator is relevant for Tonga but there were NO data available to inform this indicator.  Population estimation of sex workers

					required.
	1.8	Percentage of sex workers reporting the use of a condom with their most recent client		Ministry of Health Programmatic Report 2013	Indicator is relevant for Tonga but there were NO data available to inform this indicator.  Population estimation of sex workers required.
	1.9	Percentage of sex workers who have received an HIV test in the past 12 months and know their results		Ministry of Health Programmatic Report 2013	Indicator is relevant for Tonga but there were NO data available to inform this indicator.  Population estimation of sex workers required.
	1.10	Percentage of sex workers who are living with HIV	<b>0% sex workers</b>	Ministry of Health Programmatic Report 2013	Indicator is relevant for Tonga however there were NO known sex workers living with HIV during reporting period.  Population estimation of sex workers required.
<i>Men who have sex with men</i>	1.11	Percentage of men who have sex with men reached with HIV prevention programmes	<b>97.8% MSM 15 – 24yrs old</b> <b>100% MSM 25+yrs old</b>	Tonga MSM Second Generation Survey 2008	Indicator is relevant for Tonga and data that is available to inform this indicator was collected before reporting period



					(MSM SGS 2008). Population estimation of sex workers required.
1.12	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	<b>12% MSM 15 – 24yrs old</b> <b>27% MSM 25+yrs old</b>	Tonga MSM Second Generation Survey 2008	Indicator is relevant for Tonga and data that is available to inform this indicator was collected before reporting period (MSM SGS 2008). Population estimation of sex workers required.	
1.13	Percentage of men who have sex with men that have received an HIV test in the past 12 months and know their results	<b>2.2% MSM 15 – 24yrs old</b> <b>1.8% MSM 25+yrs old</b>	Tonga MSM Second Generation Survey 2008	Indicator is relevant for Tonga and data that is available to inform this indicator was collected before reporting period (MSM SGS 2008). Population estimation of sex workers required.	
1.14	Percentage of men who have sex with men who are living with HIV	<b>0% MSM</b>	Ministry of Health Programmatic Report 2013	Indicator is relevant for Tonga however there were NO known MSM living with HIV during reporting period. Population estimation of MSM required.	

<p><b>Target 2.</b> Reduce transmission of HIV among people who inject drugs by 50% by 2015</p>	2.1	Number of syringes distributed per person who injects drugs per year by needle and syringe programmes		Ministry of Health Programmatic Report 2013	<p>This Indicator is NOT relevant for Tonga as NO data available this indicator.</p> <p>The NSP 2009-13 does NOT include IDU as a specific target groups for HIV prevention programmes. Population estimation of IDU required.</p>
	2.2	Percentage of people who inject drugs who report the use of a condom at last sexual intercourse		Ministry of Health Programmatic Report 2013	<p>This Indicator is NOT relevant for Tonga as NO data available this indicator.</p> <p>The NSP 2009-13 does NOT include IDU as a specific target groups for HIV prevention programmes. Population estimation of IDU required.</p>
	2.3	Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected		Ministry of Health Programmatic Report 2013	<p>This Indicator is NOT relevant for Tonga as NO data available this indicator.</p> <p>The NSP 2009-13 does NOT include IDU as a specific target groups for HIV prevention programmes.</p>

					Population estimation of IDU required.
	2.4	Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results		Ministry of Health Programmatic Report 2013	This Indicator is NOT relevant for Tonga as NO data available this indicator.  The NSP 2009-13 does NOT include IDU as a specific target groups for HIV prevention programmes. Population estimation of IDU required.
	2.5	Percentage of people who inject drugs who are living with HIV	<b>0% IDU</b>	Ministry of Health Programmatic Report 2013	Indicator NOT relevant for Tonga and there were NO known IDU living with HIV during reporting period.  Population estimation of MSM required.
<b>Target 3.</b> Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths <sup>7</sup>	3.1	Percentage of HIV-positive pregnant women who receive antiretroviral to reduce the risk of mother-to-child transmission	<b>0% HIV positive pregnant women</b>	Ministry of Health Programmatic Report 2013	Indicator is relevant for Tonga but there were NO known HIV positive pregnant women during reporting period.  Of the 6033 total HIV tests carried out in 2013, 33% were ANC mothers with NO one

					detected for HIV.
	3.1a	Prevention of mother-to-child transmission during breastfeeding		Ministry of Health Programmatic Report 2013	Indicator is relevant for Tonga but there were NO known HIV positive pregnant women during reporting period.  The 1 female adult HIV positive currently enrolled in the HIV Care Program provided by the MOH was NOT pregnant during reporting period.
	3.2	Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth		Ministry of Health Programmatic Report 2013	Indicator is relevant for Tonga but there were NO known HIV positive pregnant women during reporting period.  .
	3.3	Mother-to-child transmission of HIV (modelled)	<b>0% Infant born to HIV positive women</b>	Ministry of Health Programmatic Report 2013	Indicator is relevant for Tonga but there were NO known HIV positive pregnant women during reporting period.  The estimation produced by SPC 2013, estimated that number of HIV positive in Tonga is 2 with new

					HIV infection in infants and children as 0.0084.
<b>Target 4.</b> Reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015	4.1	Percentage of adults and children currently receiving antiretroviral therapy*	<b>4.2% Adult/children currently receiving ART.</b>	Ministry of Health – ART Patients Registry 2013	Indicator is relevant for Tonga and there is 1 eligible male adult on ART.  The estimation produced by SPC 2013 estimated a total of 24 PLWHIV in Tonga with 6 people HIV positive are eligible for ART.
	4.2	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	<b>100% Adults/children on HIV treatment 12 months after initiation of ART.</b>	Ministry of Health – ART Patients Registry 2013	Indicator is relevant for Tonga and there is 1 eligible male adult on ART.  The eligible male adult initiated ART in mid 2012 and have continue to comply with the treatment.
<b>Target 5.</b> Reduce tuberculosis deaths in people living with HIV by 50% by 2015	5.1	Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV		Ministry of Health – TB Patient Registry 2013	Indicator is relevant for Tonga however; there were NO positive HIV tests for the any of the TB patients in 2013.  In 2013, a total of 10 clients tested positive for TB and was



					screened and not detected for HIV.
<p><b>Target 6.</b> Close the global AIDS resource gap by 2015 and reach annual global investment of US\$ 22–24 billion in low- and middle-income countries</p>	6.1	Domestic and international AIDS spending by categories and financing sources	<p><b>USD\$ 443782.34</b> <b>2012/13 AIDS Spending</b></p> <p><b>2012</b> <b>USD\$263603.06</b></p> <p><b>2013</b> <b>USD\$180179.28</b></p>	Ministry of Health – Programmatic/ Financial Report 2013. Response Fund end of project evaluation 2013.	<p>Indicator is relevant for Tonga as it provide details information on Program expenditure during reporting period.</p> <p>Global Fund &amp; Response Fund was the main financial support of the Program plus Government contribution on Human Resources, facilities and services. Some of the NGOs have budget allocation for HIV/STIs activities plus other contribution from other sources which contribute to the Program overall.</p>
<p><b>Target 7.</b> Eliminating gender inequalities</p>	7.1	<p>Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months</p> <p><i>All indicators with sex-disaggregated data can be used to measure progress towards target 7</i></p>	<p><b>19% ever-partnered Women experience physical and/or sexual violence in the 12 months preceding the interview.</b></p>	National Study on Domestic Violence against Women in Tonga 2009.	<p>Indicator is relevant for Tonga and data were available to inform this indicator.</p> <p>Prevalence rates for physical partner violence among ever-partnered women in Tonga were 33%</p>

					experience physical violence in her life time and 13% experienced physical violence in the last 12 months preceding the interview.
<b>Target 8.</b> Eliminating stigma and discrimination	8.1	Discriminatory attitudes towards people living with HIV	<p><b>3% Women expressed overall tolerance and acceptance of PLWHIV.</b></p> <p><b>11% of Men expressed overall tolerance and acceptance of PLWHIV.</b></p> <p><b>86% Both Women &amp; Men still expressed strong stigma and negative attitudes towards PLWHIV</b></p>	Tonga Demographic Health Survey (DHS) 2012	<p>Indicator is relevant for Tonga with data available to inform this indicator.</p> <p>The HIV/STIs Program has done a lot of outreach program and uses mass media and drama groups (edutainment) to address issues on “Zero Discrimination”. Marking of World AIDS Day and International Candle Light Memorial Day assisting with the “Getting to Zero Discrimination” campaign for Tonga.</p>
<b>Target 9.</b> Eliminate travel restrictions		<i>Travel restriction data is collected directly by the Human Rights and Law Division at UNAIDS HQ, no reporting needed</i>	Public Health Act 1992 Tonga Immigration Regulations 1988	Ministry of Justice – Attorney General Ministry of Foreign Affairs – Immigration Regulation	Indicator is relevant for Tonga, UNAIDS compile this information. Depending on

					countries immigration regulation, people are requested to screened for HIV when applying for a Australian or New Zealand visa and may denied entry if HIV positive. For, Tonga migrants are tested for HIV but depending of the HIV status and nature of application a visa will granted.
<b>Target 10.</b> Strengthening HIV integration	10.1	Current school attendance among orphans and non-orphans aged 10–14*	<b>44.4% school attendance among orphans</b>  <b>99.5% school attendance among non-orphans</b>	Tonga Demographic Health Survey (DHS) 2012	Indicator is relevant for Tonga and data is available to inform this indicator.  DHS 2012 presents that total number of children whose parents are both diseased (8) is very low while 99% of children with both parents alive attend school.
	10.2	Proportion of the poorest households who received external economic support in the last 3 months		Tonga Census Report 2011	Indicator is relevant for Tonga but there were NO data to inform this indicator.  Remittance has been the most economic

					support either within (23%) or outside (55%) of Tonga. The social benefit scheme for elderly launched in 2012 have assisted elderly especially those at the lowest wealth quintile.
Policy questions (relevant for all 10 targets)		<i>National Commitments and Policy Instruments (NCPI)</i>	<b>NCPI Reported GAPR 2012</b>	Government & NGOs Contribution	Indicator relevant for Tonga. NCPI is not reported in the reporting period and NOT much change to the National Commitment to Policy Instrument since the last reporting period.
<p>* Millennium Development Goals indicator</p> <p>7 The <i>Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive</i> defines this target as:</p> <ol style="list-style-type: none"> <li>1. Reduce the number of new HIV infections among children by 90%</li> <li>2. Reduce the number of AIDS-related maternal deaths by 50%</li> </ol> <p>For further information see: <a href="http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110609_JC2137_Global-Plan-Elimination-HIV-Children_en.pdf">http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110609_JC2137_Global-Plan-Elimination-HIV-Children_en.pdf</a></p>			<p><b>0% known new HIV infection among infants/ children.</b></p> <p><b>0% AIDS related maternal death during reporting period.</b></p>	Ministry of Health – HIV Care Program Registry 2013	<p><b>Country contribution to the MDG 6 indicators.</b></p> <p>Tonga has managed to retain the number of HIV cases to 19 since 2012. However, the high prevalence of Chlamydia (22%) as well as other STIs is a concern. All effort of the HIV/STIs Program is to ensure that this can be reduced. Presumptive</p>

			treatment for chlamydia has been suggested and continues implementing of effective HIV Prevention Intervention Programs will helped to maintain low disease burden for Tonga thus contribute to the reduction on new infection.
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## 3. Status at a glance

### 3.1 Inclusiveness of the stakeholders in the report writing process

This report covers the progress made by the Tonga national HIV/AIDS response over the past two years (2012/13) against the global targets and commitment to the 2011 Political Declaration of HIV<sup>1</sup> adopted by the UN Member States in New York. This report has been formulated through a multi-participatory process involved key stakeholders from all sectors who are proactive in various areas of care for PLWHA in Tonga. These include government and nongovernmental organizations, local non-profit associations and civil society. The reporting team consists of three members: two local consultants from the Ministry of Health and also the National HIV Coordinator.

The preparation process for the report started with the National HIV Coordinator attended the UNAIDS training workshop held in Nadi, Fiji in November 2013 to discuss about the GARP Report's purposes and procedure that would provide guidance in the planning and reporting of the GARP. The outcome of that training was the technical tool that has assisted and guided the collection of data and writing up of the report. A validation workshop was conducted with key stakeholders upon the compilation of available data and information from various resources with inputs and feedbacks from that meeting assisted in refining the draft where it was then accepted as the final version of GARP Report 2014 for Tonga.

### The Status of the Epidemic

Tonga, like its neighbouring countries within the Pacific except Papua New Guinea, deemed a low prevalence setting for HIV infection<sup>2</sup> with number of HIV cases remains low at an average of one to two cases reported per year since the first case in 1987. Despite the current stated low prevalence, the nation considers it critical to provide comprehensive care and support to those known to be living with HIV/AIDS and other STIs, while at the same time preventing its further transmission.

During the reporting period, there were two PLWHA (male and female) both at the age range of 25 – 34 years. The most recent HIV positive case was confirmed in 2012 and that gives Tonga a cumulative of 19 cases with more male than female (12 males and 7 females) and age ranges from 15 – 44 years. Of the **19** reported HIV cases, **11** had died, **5** had returned to their countries of origin, **1** migrated overseas, and **2** remained in Tonga. The two HIV cases currently in Tonga both enrolled in HIV/AIDS care program provided by the HIV/AIDS Core Treatment Team of the Ministry of Health with one is currently on ART while the other is not

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<sup>1</sup> Political Declaration on HIV and AIDS 2011: Intensifying Our Efforts to Eliminate HIV and AIDS. Resolution A/65/277, General Assembly, United Nation, 2011.

<sup>2</sup> The Pacific Regional Strategy on HIV/AIDS 2004-2008. SPC Headquarters, New Caledonia, 2005.

eligible according to the CD4 count. Both are in stage one of the infection according to the WHO guideline<sup>3</sup>.

The key mode of transmission appeared to be predominantly through unprotected sexual contact with no information available on specific modes of sexual contact. There has not been any HIV positive case reported to be infected through needle sharing among drug users, from mother-to-child transmission or through contaminated blood products.

## **The Policy and Programmatic Response**

The policy and programmatic anchor of the national response to HIV/AIDS is the principle of “Three Ones”: One Coordination Authority (the CCM), One Strategic Plan (Tonga NSP 2009-13), and One Monitoring and Evaluation Framework.

**The CCM** has coordination and advisory roles over the national response to HIV/AIDS and other STIs in Tonga. This high level of governance body is chaired by the Honorable Minister of Health with a multi-sectoral and multi-disciplinary membership. The CCM is also responsible for formulating major policies and strategies as well as overseeing program implementation and resource mobilization.

The Tonga HIV and Human Rights Compliance Legislation Review undertaken by RRRT in 2009 identified a need to strengthen enabling environment to provide greater protection for, and prevent stigma and discrimination on the basis of HIV status, sexual orientation and gender. Currently, there is no HIV legislation in place, and HIV is therefore considered as a notifiable disease which is under the Public Health Act 1992.

The national response to HIV/AIDS epidemic is embodied in the “**Kingdom of Tonga NSP for HIV and STI 2009 - 2013**” which is a revised version of the first 5-year NSP 2000-2005. It is aligned with the Pacific Regional Strategy on HIV and STIs 2009 - 2013 imbibing the principles of the universal access to prevention, care, treatment and support. The goal of the NSP is to prevent further spread of HIV infection and reduce the impact of AIDS on individuals, families, and communities envisioned for a safer and more resilient citizen that lives in dignity in a peaceful and prosperous Tonga. The NSP 2009/13 is articulated in more details form reflecting six focus areas and lined activities that address a whole-of-country programmatic response approach targeting priority groups across many levels in society.

The Tonga “**Monitoring and Evaluation Plan**” was developed and completed in March 2012 and finalized by the CCM with the assistance of SPC. The Plan addressed surveillance, programme evaluation and capacity to undertake monitoring and evaluation. The national response was fortunate to have the M& E Curriculum developed by SPC piloted in Tonga in May 2011, and four national program coordinators and one clinician attended a regional ‘train

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<sup>3</sup> Interim WHO Clinical Staging of HIV/AIDS and HIV/AIDS Case Definition for Surveillance. WHO/HIV/2005.02.

the trainer' workshop in New Zealand in July 2011. Like most PICTs, Tonga faces challenges in implementing M&E plan, and those attended M&E trainings were lack of confidence in transferring knowledge and skills to practice<sup>4</sup>. There has been no specific internal evaluation undertaken throughout the 5-year period of the NSP except the independent review conducted at the end of the reporting period (2013).

## 4. Overview of the AIDS Epidemic

### 4.1 Country Information

The Kingdom of Tonga affectionately called the “Friendly Islands” consists of 171 islands with a land area of 650 km<sup>2</sup> spread over 360,000 km<sup>2</sup>, and only 40 islands are permanently inhabited<sup>5</sup>. There are four island groups including the mostly low-lying Tongatapu group, the flat coral islands of Haapai group, the volcanic and coral Vava'u group, and the volcanic Niua group in the far north (refer Figure 1). The capital, Nuku'alofa is located on the Island of Tongatapu.



Figure 1: Map of Tonga

Tonga is a constitutional monarchy and a British protectorate, and the only country within the South Pacific to have never been colonized by a foreign power or lost its indigenous governance. In 1970, Tonga joined the Commonwealth of Nations then the United Nations in

<sup>4</sup> Global AIDS Response Progress Reporting 2012, Kingdom of Tonga.

<sup>5</sup> The Demographic and Health Survey Report, 2012

1999. Since 2009, the democracy movement in Tonga has led to Parliamentary reform, with greater representation of commoners in Parliament<sup>6</sup>.

The Nominal Gross Domestic Product (GDP) of Tonga was \$781.5 million in 2011/12, 18.3 % of which was domestic revenue and 22.2% project aid funding (5% in cash and 17.2% in kind). The rate of growth was close to five% per annum in 2011/12, having recovered from negative growth in 2006/07<sup>7</sup>. The local economy is primarily based on agriculture, fishing and tourism with a strong push into light industrial manufacturing. Tonga receives sizeable external aid and the economy relies heavily on overseas remittances<sup>8</sup>.

## 4.2 Population of Tonga

The most recent national Census 2011<sup>9</sup> recorded Tonga's population as 103,036 with 50.5% males and 49.5% females. Tonga has young population with 39% of the population younger than 15 years of age (refer Figure 2). There has been a high rate of annual net emigration which during the recent inter-censal period (2006-11) amounted to 1800 people per year<sup>6</sup>.

In recent years Tonga has experienced declining fertility that has produced a relatively young age structure as mentioned above and can be seen that the pyramid (Figure 2) has a relatively broad base indicating large percentages at younger ages. In 2013 the median age was 21.8 years, signifying that more than half of the population aged less than 22 years.

Tonga's population disaggregated by island group and by age groups according to the Census 2011 as follows:

**Table 1: 2011 Population by Island Group and Age Group**

<b>Island Group</b>	<b>%</b>	<b>Age Group</b>	<b>%</b>
Tongatapu	72.9	0-14	38.1
Vava'u	14.5	15-24	19.1
Ha'apai	6.5	25-49	28.3
'Eua	4.9	50 and over	14.3
Niuas	1.2	Unknown	0.1

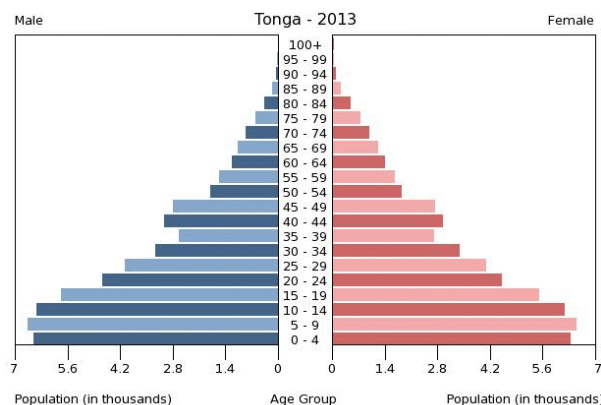
*Source: Census 2011: Preliminary Results*

<sup>6</sup> Tonga Visitors Bureau 2011

<sup>8</sup> Ministry of Finance and National Planning 2012

<sup>9</sup> Tonga National Population and Housing Census 2011, Preliminary Results

**Figure 2: Population Pyramid**



Source: CIA World Factsheet, 2013

### 4.3 Health System

The Ministry of Health (MOH) is responsible for the delivery of preventative and curative health services in the country through six operational divisions namely Clinical, Public Health, Administration, Health Planning and Development, Nursing, and Dental Divisions. HIV/AIDS and other STIs are managed under the Public Health Division.

Health care services are decentralised in accordance with the long-standing government commitment to achieve universal access to health care services through primary health care provision. The government will improve the provision of health services across Tonga with continued emphasis on preventative health care focusing on non-communicable diseases and communicable diseases<sup>10</sup>.

The MOH is focussed on maintaining and improving the delivery of health services through the national referral hospital at Vaiola supported by a network of island hospitals and community health centres and nursing clinics, to deliver effective curative and preventative health care services to the people of Tonga.

**Table 3: Number and types of Health Facilities in Tonga**

Health Facilities	Hospital	Health Centre	MCH (RH) Clinic
# facilities	4	14	21

The data above does not include private clinics that are currently providing the services except for laboratory testing which are done at the hospital laboratories.

<sup>10</sup> Report of the Minister of Health, 2011

## 4.4 National Strategic Plan

The development of the Tonga National Strategic Plan for HIV/AIDS & other STIs 2009 -2013 began with the review of the Tonga first national HIV Strategic Plan 2000-2005 in early 2007. The findings of that review together with the results of the Second Generation Surveillance Survey undertaken in 2005 formed the foundation for this document. The first draft of the five-year plan evolved from a five-day workshop held in Nuku'alofa in March 2008.

The workshop brought together participants from a range of government, civil society, non-government and faith-based organisations to help develop this Strategic Plan. Technical and financial support for the workshop was provided by Pacific Regional HIV Project, with SPC, UNAIDS and UNFPA also contributing in a technical capacity.

This Strategic Plan defines a vision for the future that is guided by values and principles that are shared and agreed upon by all stakeholders. The plan identifies the obstacles and opportunities for change and the strategic issues that need to be addressed. It is also part of a continual process of action and reflection because, to remain strategic, its implementation must be reviewed periodically.

The critical elements of the Strategic Plan were defined by the Minister in his opening speech at the NSP Workshop: the Plan seeks to:

- promote co-ordination across all agencies charged with responsibility for implementation;
- build partnerships between civil society and government; and
- prioritise HIV [prevention] as a critical part of Tonga's national development.

This Strategic Plan identifies strategies to address these issues and incorporate lessons learnt in the future national response to HIV. The Plan proposes a safer and more resilient Tongan population working together in the treatment, care and support of those living with HIV - and help prevent the spread of STIs, HIV and other communicable diseases so that people can live free and healthy lives in dignity and unity in a peaceful and prosperous Tonga. Its goal is to reduce the spread and impact of HIV and other STIs through a whole-of- country approach, while embracing the groups that are most at risk such as people living with and affected by HIV and Other STIs.

The Plan outlines strategies and actions to address HIV and Other STIs by implementing actions in the following five Focus Areas:

- 1) Prevention of HIV and STIs
- 2) Treatment care and support
- 3) Creating an enabling environment
- 4) Monitoring and Evaluation
- 5) Management and co-ordination

**The NSP Vision:** A safer and more resilient Tongan population working together in the treatment, care and support of those living with HIV, the prevention of STIs, HIV and other communicable diseases so as to enhance people's capabilities to live free and healthy lives in dignity and unity in a peaceful and prosperous Tonga.

**The NSP Goal:** To reduce the spread and impact of HIV and other STIs through a whole-of-country approach while embracing the most at-risk groups, including people living with and affected by HIV and other STIs in Tonga.

## **4.5 National HIV Coordination Mechanism**

Tonga CCM has responsibility for the strategic oversight of the implementation of the NSP and the nation's response to HIV and STIs. It also responsible for ensuring future planning and resourcing are appropriate and adequate to meet the need of the response to HIV and STIs at all levels of implementation.

The CCM is led by the Minister of Health as the Chairperson and the National HIV Coordinator is given the secretariat role. It has a multi-sectoral and multi-disciplinary membership includes:

- Ministry of Education
- Ministry of Internal Affairs, Women Affairs and Culture
- Ministry of Finance and Planning
- Ministry of Health (3 representatives)
- National Forum of Church Leaders
- Salvation Army
- Tonga Family Health Association
- Tonga National Council of Churches
- Tonga Red Cross

## **4.6 Monitoring and Evaluation Framework**

An annual review and planning process was a requirement to assess annual progress and to plan for the coming year. The monitoring and evaluation of the Tonga NSP on HIV and other STIs was intended to operate on two levels:

- Evaluation strategies addressing higher-level outcomes at the national level, addressing achievement of the goal and strategies
- Monitoring of activity level outputs to ascertain their contribution to the higher order outcomes.

### **Independent Review:**

The strategy was independently reviewed at two points during its five-year life. The first point was the mid-term review in 2011 and then the final review at the end of 2013 with the final review would be a key step in the development of the next five-year period strategic plan (2014 -18). The CCM commissioned the independent reviews with the assistance of the Tonga Family Health Association.

The Tonga NSP Working Group consisting of the MOH, TFHA and other interested stakeholders have been met periodically through the life of the strategy to assist the CCM in monitoring and reviewing the annual implementation plan where outcome of the mid-term review was taken into consideration and adjusted objectives and implementation approaches as required.

The final review was focused on the NSP 2010-13 outputs and outcomes which were covered under the 5 Focus Areas, and each was evaluated using a weighted scale agreed upon by the stakeholders during End Term Review workshop.

## **4.7 National funding of HIV/AIDS control programs**

Tonga is part of the multi-country proposal to the Global Fund to Fight AIDS, TB and Malaria that has been successful for Round 7. The Australian and New Zealand governments through SPC with the PRHP and Response Fund continue to support Tonga through the years. The UN agencies in their specialized and focus areas of comparative advantage has supported Tonga, and WHO and SPC support research and technical areas where needed.

The successful GFATM Round 7 submission identified up to \$360,000 for Tonga that assisted the overall response to HIV/AIDS and STIs in the past 5 years. Of this, \$180,000 was allocated to fund operational costs and a HIV Coordinator. Funds for other program expenses were sourced through the SPC-managed HIV & STI Response Fund since 2009. While the GFATM was a useful source of funds, Tonga has been looking for other source of funds to cover for



certain programs such as WHO funded the commemoration of World AIDS Day. Also programs were integrated so that funds were saved for example, a monitoring trip to outer islands for HIV and used the same trip to monitor TB cases as well. It may be possible to recruit private sector support for some activities at no cost.

## 4.8 Cumulative HIV/AIDS cases

The first recorded case of HIV in Tonga was in 1987. Since then, a total of 19 people have been reported as HIV positive with the most recent cases identified in 2012. Out of these 19 cases, 11 had died, 5 had returned to their countries of origin, 1 migrated overseas, and two remained in Tonga. Male affected more than female (89% and 11% respectively) and the age group of those infected ranges from 15 to 44 years. The key mode of transmission appears to be predominantly through unprotected sexual intercourse. The two positive cases remained are both male and female adults and both in stage 1 of the infection. The HIV positive male client is on ART and tolerates the ARV drugs really well while the female HIV positive client is pending her follow up CD4 counts for possible commencement of ART.

**Table 4:** Cumulative HIV/AIDS cases by age group and sex

Year	Sex		Age group					Total
	M	F	< 15	15 - 19	20 - 24	25 – 49	50+	
1987	1	0				1		1
1989	2	0		1		1		2
1992	1	0				1		1
1996	2	1				3		3
1998	0	2			1	1		2
1999	1	1				2		2
2000	1	0			1			1
2002	1	0				1		1
2005	0	1		1				1
2007	1	0			1			1
2008	1	1				2		2
2009	1	0				1		1
2012	0	1				1		1
<b>Total</b>	<b>12</b>	<b>7</b>		<b>2</b>	<b>3</b>	<b>14</b>		<b>19</b>

## **At risk population:**

The NSP 2009-13 has identified some groups within the population that are more vulnerable than others and required particular consideration in the development of strategies to prevent and/or manage HIV related issues. These vulnerable groups include youth, seafarers, “kau paipa” (high profile professionals) due to their mobility for study, work and business travel; women, particularly young women, for biological and social reasons and consequently the increase vulnerability of young children, in particular infants. Others like MSM, sex workers and injecting drug users are also considered as high risk but there has not been any data available on the population size of these population sub-groups.

## **5. National response to the AIDS epidemic**

There are only two PLWHA currently in Tonga and both enrolled in care provided by the HIV treatment core team with one is on ART since 2012 while the other one is not eligible to ART based on CD4 counts. Of the 14,114 tests for HIV over the past three years (2011 – 2013), there was one positive detected in 2012 as the most recent HIV positive case with unsafe sexual contact was reported as the mode of transmission. There was no evidence available of other mode of transmissions reported during the reporting period.

Instead, the prevalence rate of STIs has not come down to level or better than the baseline set at 2008 SGSS (12.8%)<sup>11</sup>. For the first time since 2009 the STI prevalence rate has been increasing due to integration of Chlamydia as routine screening for antenatal pregnant mothers. As of 2011 total testings, 19% were positive (5156/1015), 22% in 2012 (2013/402) and 20% in 2013 (3111/622) and the slight decrease towards the end of 2012 and 2013 was due to technical break down of the CT Probe Tech analyser machine<sup>12</sup>. The testing and reporting on both gonorrhoea and chlamydia is still a routine procedure for all suspects of HIV and other STIs despite the suggestion made as part of the project to cease testing of gonorrhoea by the end of 2011 leaving chlamydia to be solely tested.

### **5.1 Focus Area 1: Prevention of HIV and other STIs**

There have been a lot of commitments and efforts made in response to the prevention of HIV/AIDS and other STIs throughout the lifetime of the 5-year NSP 2009-13. These include community outreach and awareness programs through strong partnership among organizations and stakeholders.

The extensive list of stakeholders and project implementers reported the increase in the reach of the HIV and STIs response in terms of geographical coverage and population reached

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<sup>11</sup> STI surveillance reports to SPC 2011-2013

<sup>12</sup> MoH Epidemiological Surveillance Data, 2013

especially the at-risk and vulnerable groups. Despite difficulty in developing and implementing human and gender rights based approaches or carrying out researches on sexual and social behaviors, the program has been committed at various levels to provide the necessary prevention and awareness programs to targeted subgroups.

**Promoting safe sex and safer sexual behavior** have been extensively implemented as a component of all the awareness and education programs and activities. Approaches made to promote safer sex include multimedia; drama and live performances by the “Filitonu” (Right Choice) drama group of the TFHA and the “Messengers of the Peace” drama group of TNYC; peer education by trained peer educators; condom distribution at hotspot areas and specific events such as Miss Galaxy and World AIDS Day; and most importantly is integration of programs to strengthen the national efforts in response to HIV and STIs. HIV and STI programs integrated into Church health promotion activities is a milestone since church leaders are highly respected in society and have voices and special power that greatly influence the health behaviour of their congregations.

**Condom promotion and distribution** by the TLA was most notable compared to the usual as after 3 years of campaigning, 20 locations of hospitality premises throughout Tonga including the outer islands opened up and supported them. During the first half of 2013, the TLA had dispensed a total of 2,134 condoms throughout Tongatapu<sup>13</sup>. The word ‘condom’ in its Tongan translation of *‘konitomu’* was used freely and repeatedly for the first time on air from the most popular FM radio during their awareness and advocacy program since 2010, as well as used by the TLA in their awareness campaigns in Tongatapu and Vava’u<sup>14</sup>.

**The practices of risky sexual behaviors** of having more than one sexual partner showed a decrease of almost 3% among females aged 15-24 years in the DHS 2013 from 8% in the SGS 2008, while their male counterparts had markedly decreased from 16% (SGS 2008) to 6% (DHS 2013). At the same time, the young females delayed being sexually active below the age of 15 years by about 5% (DHS 2013) with not much change to percentage of their male counterparts<sup>14</sup>.

**The HIV and STI testing and counselling** objective and outcome were partially achieved<sup>14</sup> but what had been achieved was considerable and benefited the beneficiaries immensely. The establishment and expansion of accredited VCCT sites since June 2009 from 4 to 11 to include the outer islands with another 3 pending accreditation, increasing number of counsellors trained to 50 at the end of the reporting period, the establishment and expansion of the Youth Friendly Services (YFS) or school based clinics to 10, and the increase in volume and spread of peer education by trained peer educators enhanced the reach of services to target

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<sup>13</sup> TLA Narrative Report of Project: Getting Zero HIV and Discrimination 2013

<sup>14</sup> The Response Fund End of Project Evaluation, 2013

population. In addition, the targeted mission of the Salvation Army on alcohol and drug abusers and deportees has reached 10% (10,000) of target population<sup>14</sup>. Since there is rising incidences of suicide among youths, domestic and gender based violence, and illegal drug used related crimes, psycho-social counselling should also be considered as part of the counselling at VCCT sites to address possible linkage with contracting HIV and other STIs.

The impact contributed to by the awareness program in terms of knowledge achieved has shown a controversial result in the DHS 2012 findings. Despite most people having some knowledge of HIV/AIDS, only one in five people (18% of women and 21% of men) has comprehensive knowledge. Again the comprehensive knowledge of HIV/AIDS was lowest amongst youth at just 10% of women and 13% of men aged 15-19 years of age. This is an area of concern for the program after all the efforts and commitments have put into the overall response to HIV and STIs in Tonga. A detailed evaluation of the awareness and promotion programs to identify missing links and gaps to be addressed together in the next NSP 2014-18 is considered.



**Community Outreach Program**

**Edutainment & Candle Light Vigil**

## **5.2 Focus Area 2: Treatment, Care and Support**

According to the independent Response Fund end of Project Review report 2013, the HIV and other STI care and control has shown notable improvement through the utilization of the following supportive services across various levels of care:

- Implementing of the 'Comprehensive STI Management Guideline' to guide STI management
- Integrate HIV and other STI testing as routine at various health screen programs e.g. ANC, STI suspects, visa and employment health certificate and many to mention
- Effective lab-based surveillance and reporting system in place
- Expansion of VCCT sites with increased number of trained counsellors
- up-skilling of health care workers working in areas of HIV and other STIs,
- YFS established in 10 secondary schools in Tonga,

- Accessibility and ongoing availability of adequate supply of medication
- Regular visits of technical advisors at various specialities of HIV care
- Effective networking at national, regional and international levels

SPC's Technical Working Group (TWG) has made significant contribution towards standardization of information and practice related to the diagnosis, treatment and care of HIV and other STI throughout the Pacific region including Tonga. The HIV/AIDS Treatment Core Team is fortunate to have ongoing support and assistance of the SPC's TWG particularly in the management of the HIV case currently on ART.

**Decentralization of resources and services** for treatment of STIs and HIV/AIDS to districts and peripheries as well as outer islands had been raised in meetings and even in the mid-term review of the NSP. To ensure universal access and equity as well as addressing potential mobility of at-risk and vulnerable personnel, there has to be a strategy developed to address this decentralization strategically.

**Care and treatment** for PLHIV is efficiently and effectively conducted by the Treatment Core Team of the Vaiola Hospital with ongoing technical assistance from the SPC's TWG as mentioned above. Though the HIV prevalence rate remains low, the resources and services available for their clinical care including laboratory, pharmacy and well trained medical staff, is good and of high level according to the RF End of Program Evaluation Report 2013<sup>14</sup>. The evaluation found that the protective linkage between the PLHIV and those affected by it lacks strategic and legal backup as well as psycho-social support mechanism. The evaluation report suggested that the care and support team should not just consist of medical professional but exploration to involve relevant and trusted members of non-medical personnel would be socially benefitting. It continues on to say that the multi-agency team of 3 to 4 providing treatment, care and support had worked in the past years (MOH and LDS, MOH and Salvation Army) and the principle might again be explored. The National HIV and STI Policy and HIV Working Policy being non-progressing are a priority to be highly considered in the next NSP 2014-18.

**Stigma and discrimination** of HIV/AIDS is still a major barrier for the provision of care and support to PLWHA. The DHS 2012 indicates strong stigma and negative attitudes towards PLWHA. There was only 3% of women and 11% of men aged 15-49 expressed overall tolerance and acceptance of PLWHA. Although many people would be willing to care for a family member with HIV at home (68% women, 70% men), most people did not think a female teacher with HIV should be allowed to keep teaching (18% women, 20% men)<sup>15</sup>. Addressing

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<sup>14</sup> The Response Fund End of Program Evaluation Report, 2013

<sup>15</sup> Tonga Demographic and Health Survey Factsheet, 2013

Stigma, Discrimination and Confidentiality in the Health Care Setting was partially achieved<sup>14</sup>. Despite TFHA being active on the ongoing promoting the subject, the MOH even with the NSP lacks the same facilitative enthusiasm. The issues should be strategically promoted to other discipline of MOH as well as supporting the Ministry of Internal Affairs (MIA) in its implementation of the National Gender Policy which incorporates all the Focus areas of the NSP.

**The expanding and effective referral systems** from the NGOs and CSO service stations to TFHA/VFHC or MOH, and even between MOH and TFHA/VFHC are in place and operational. Although the testing for HIV is still voluntary, the number of tests performed for HIV and other STIs have significantly increased over the years which signifies that the effort been made to achieve universal access to health care services.

**Health system initiative** strengthens the national response to integrate HIV and STIs into other services either within or outside MOH thus strengthens the operational referral systems between prevention services and screening and treatment services. The move for integration of HIV and STIs with Reproductive Health of the Ministry of Health is an example of such initiative and is greatly supported not only to strengthen implementation efforts but also to save both human and financial resources, and to avoid duplication of programs and activities. Another area identified for future strong working relationship is the Health Promotion Unit of the Ministry of Health for implementation and rolling out of behaviour change strategies.



**Testing & Counselling Sites (VCCT)**

**ANC Services**

### **5.3 Focus Areas 3: Creating an enabling environment**

A notable milestone was achieved during the reporting period was the inauguration by HRH Princess Pilolevu Tuita of the new office and Drop in Centre for the Tonga Leiti's Association (TLA), the Association of MSM and transgender, which located in the heart of Nuku'alofa, the capital of Tonga. Among those attended was the First Lady of Fiji, Adi Goila Nailaticau, Nobles of the Realm, Prime Minister of Tonga and Ministers of the Cabinet, MPs, High Commissioners of Australia and New Zealand, HIV Stakeholders, friends and members of the communities. This is a great achievement not only for TLA, after 21 years of being registered, but also for Tonga and the national HIV control program. (refer Figure 3)



**Figure 3: The inauguration of the TLA Drop in Centre “Ofa he Paea”, 2013**



**“Ofa he Paea” Drop-in-Centre**

**TLA Retreat & HIV Testing**

The feeling of the TLA members was summed up by the citation that contained in the TLA report, “...we now know that we are not alone..”<sup>16</sup> Her Royal Highness graced the ceremony further by announcing the name of the TLA office and Drop in Centre as “Ofa he Paea Drop In Centre” (The Shelter with Passion for those who are in Need).

The strengthening of the Rights-based Approach<sup>16</sup> to prevention of HIV and control of STIs is further supported by the passing of the Bill for Family Protection by the House of Parliament early September 2013. The national HIV control program had contributed towards the advocacy activity implemented through the CSO, the Women & Children Crisis Centre (WCCC). The contribution and support for rights based approach has a renewed dimension with the presence of RRRT desk at the MIA, and it was through this office the Bill was developed.

The literacy training and advocacy for women has been driven by the Catholic Women League, and supported by the MIA. With the passing of the above Bill for Family Protection, National Gender Policy and ongoing monetary support from the national HIV control program has strengthened further the fight to reduce stigma and discrimination and promotion of gender equality and equity.

Gender issue has always been considered a priority despite lack of gender indicator in the M&E framework developed in 2011. A stakeholder training workshop on Gender, Human Rights and HIV and other STIs was conducted in July 2013. It found from the pre-test assessment result that only one (4%) participants (1/28) defined Gender correctly. Many of the stakeholders were seeing the Review of the National Policy on Gender for the first time during the presentation by the Director for Women and Development. Stakeholders agreed that enforcement of the National Gender Policy should be encouraged and pushed forward to collaborate strongly, coordinate better and to address related gender issues.

The case studies based on gender-based domestic violence and abuse of defenceless young girls and children by WCC also highlighted the Right-based approach in action. The testimony

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<sup>16</sup> A rights-based, effective response to the HIV epidemic involves establishing appropriate governmental institutional responsibilities, implementing law reform and support services and promoting a supportive environment for groups vulnerable to HIV and for those living with HIV – see UNAIDS Guidelines on HIV and Human Rights, 2006 Consolidated Version, [http://www.unaids.org/en/media/unaids/contentassets/dataimport/publications/irc-pub07/jc1252-internguidelines\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/dataimport/publications/irc-pub07/jc1252-internguidelines_en.pdf)

of a very young girl recorded as the most significant story of the “Pink Hibiscus”<sup>17</sup> revealed how vulnerable young girls are even in the hands of their supposedly loved ones. The ‘Pink Hibiscus’ said that when she was moved to the Safe House, she had ‘a good sleep and felt safe for the first time for a long long time. WCCC and Tonga National Centre for Women & Children (TNCWC) works very closely with the office of the Attorney General and the Police in dealing with similar cases brought into their attention.

The national study on domestic violence conducted in 2009<sup>18</sup> showed alarming rates of domestic violence among married couples, like 4/10 married women are physically and sexually abused in the last 12 months prior to the survey (N=455), while around the region, Tonga ranked top among Samoa, Kiribati, Solomon, and Vanuatu for those women 15-49 years who had been physically and sexually abused since 15 years old. It is believed that the Family Protection Act recently passed in Parliament would help in reducing domestic violence in Tonga.

#### **5.4. Focus Area 4: Monitoring and Evaluation, Strategic information and Research**

The M&E framework that had been drafted and discussed by the HIV Stakeholder Committee and lately finalized by the CCM with assistance of SPC is in place but it has not been applied. The M&E curriculum was piloted in May 2011 followed by 5-member team from Tonga attended an M&E workshop in Auckland in July 2011. TA on M&E from SPC has been working with the national program team and stakeholders on M&E issues and reviewing NSP accordingly. However, at the end of all these great initiatives and actions, there was no definite designated person to drive the implementation of the M&E framework and according to the RF end of program evaluation report; everyone has got core jobs even though some M&E responsibility is part of their Term of Reference. The evaluation believes that CCM could have contributed significantly in its role of overseeing the implementation of the NSP to explore ways of improving the application of M&E framework to the Project. It also suggests that M&E framework must be planned at the same time as the design of the objective and outcome of the Plan otherwise there will be disjoint in the indicators once implementation commences and ironing out any mismatch can cause a lot of intended lost in time and money.

Provision of SPC M&E TA for Tonga has been excellent and it is rather unfortunate that the national response has not been able to implement the framework accordingly. A full-time designated person/staff should be on board to drive this critical component of the NSP in the national response to HIV and other STIs.

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<sup>17</sup> The young girl referred to her as the ‘Pink Hibiscus’ – beautiful, innocent and though broken in many ways but come another season, she will bloom again (Her MSC).

<sup>18</sup> The National Study on Domestic Violence Against Women in Tonga, 2009





End Term Review of NSP 2009/13

Health Workers Training

## 5.5: Focus Area 5: Management and Coordination

Management and Coordination of the national response to HIV and other STIs has always been under the leadership of the CCM from designing and development of strategic plan to implementation. There has not been any review of membership and the TORs of the CCM and according to the Response Fund End of Program Evaluation Report 2013, there is need to strengthen the governance and leadership roles of the CCM through formalization of its TOR for improved transparency and accountability. The annual implementation plan for the program should be enforced for the NSP 2014-18 so the CCM shall be better informed of the progress of implementation of the projects and contribute actively to its management and monitoring.

The HIV Stakeholder Committee (HSC) TOR is to be developed and reviewed in conjunction with TOR of CCM for clarification and linkages of roles and responsibilities. It has been raised in report the need for the chairperson of the HSC as well as a member from the HIV Stakeholder in the outer islands to have a seat in the CCM and to attend its quarterly meeting.

The CCM should also take leading role in overseeing the legal framework for prevention of HIV and other STIs and other related issues being addressed. The review, completion and endorsement of relevant and related policies and legislation on HIV and other STIs are priority.



Marking World AIDS Day

Advocacy to Leaders

## 6. Core Indicators for Global AIDS Response Progress Report 2014.

### 6.1 Target 1: Reduce sexual transmission of HIV by 50% by 2015.

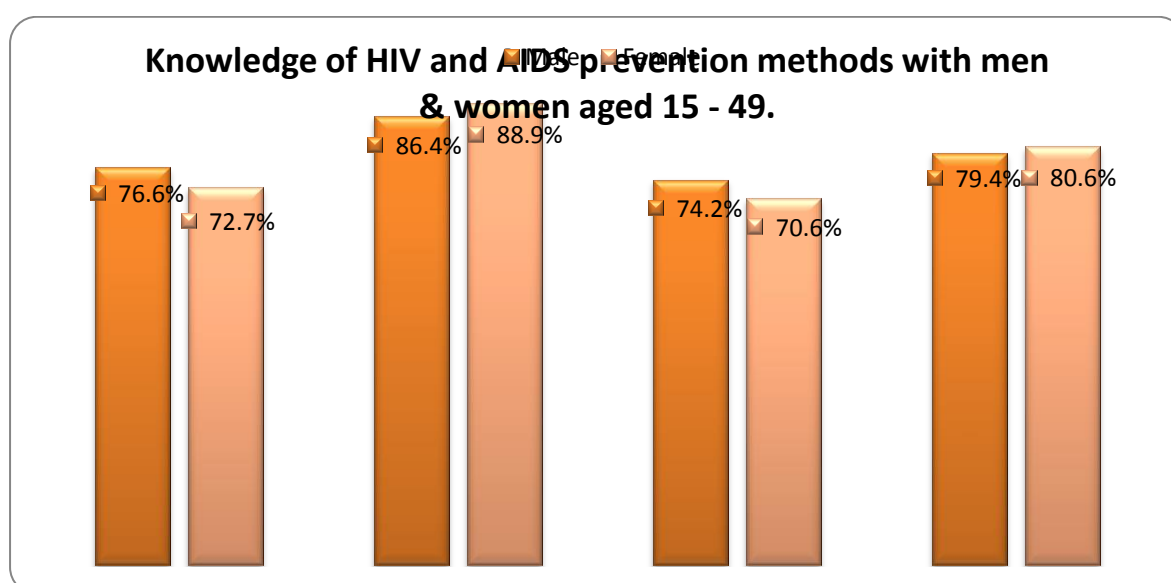
#### Indicators for General Population

**Indicator 1.1** *Percentage of young women and men aged 15 – 24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.*

HIV and AIDS knowledge and prevention among young people aged 15 – 24 years old.		
	Women	Men
Comprehensive knowledge of AIDS.	12%	14%
Knowledge of Condom Source.	53%	61%
Used of Condom during first sex.	4%	20%
Percentage who had sex in the past 12 months and have higher risk sex.	19%	61%
Percentage reported using condom during higher risk sex.	(5.3%	23%

**Table2:** HIV/AIDS prevention among young people.

Tonga DHS 2012 reported the above finding with young people had the least knowledge about how to prevent HIV with only two in three 15 – 24 years old aware that using condoms can reduce the risk of getting HIV.



**Table 5:** Knowledge of HIV prevention methods among men and women aged 15 – 49 years.

**Indicator 1.2** *Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15.*

A very small proportion of adolescents aged 15 – 24 had sexual intercourse before age 15 (less than 1% of women and just over 1% of men. Even by age 18 the proportion of respondents were 6% women and 13% men who have sexual intercourse before they turned 18 is very low too.

**Indicator 1.3** *Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months.*

More men (8%) than women (3%) reported having two or more sexual partners during the 12 months preceding the survey. As few respondents reported having multiple partners in the 12 months preceding the survey, clear conclusion cannot be drawn around condom uses.

**Indicator 1.4** *Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse.*

The absolute number of respondents who had two or more partners in the 12 months preceding the survey was quite low. A condom usage appears to be higher among males (13%) than female (6%).

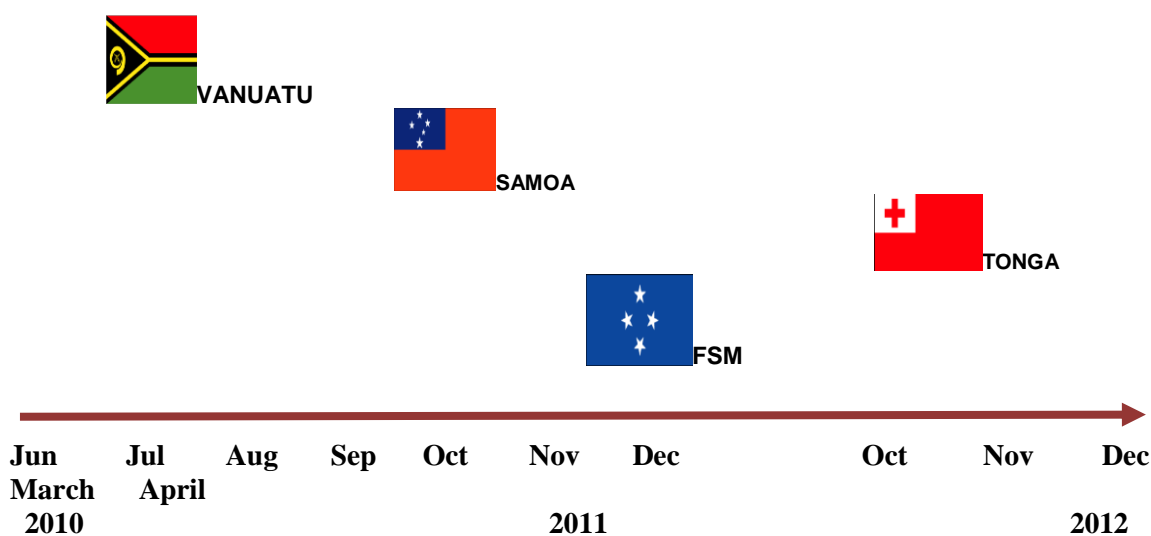
**Indicator 1.5** *Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results.*

- ❖ If yes, does the policy promote Provider Initiated Testing and Counselling (PITC) and/or Voluntary Counselling and Testing (VCT)?

By 2013, a total of 50 health providers were trained to become tested practitioners and able to provide pre/post test counselling with provision of results to clients.

- ❖ HIV testing algorithm used in the country and when it was adopted?

Testing algorithm was adopted by Tonga in October, 2011 and has been worked well as per laboratory report.



**Figure 3:** Implementation of the HIV Testing Algorithms (SPC).

- ❖ Number of health facilities that provide HIV testing and counselling services.

Location	ANC	STIs Clinic	Health Centre	Reproductive Health Clinic	NGO Clinic
Tongatapu (main island)	1	1	6	1	1
Outer Islands	3	0	0	0	1
<b>TOTAL VCCT Sites</b>	<b>4</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>2</b>

**Table 6:** Number of Accredited VCCT Sites in Tonga.

- ❖ Number of women and men aged 15 and older who received HIV testing in 2012 and 2013: disaggregated by sex

Year	2012		2013		2012/13	
	Total Number of HIV Tests	%	Total Number of HIV Tests	%		
<b>Female</b>	2356	67%	3410	57%	5766	60%
<b>Male</b>	1175	33%	2623	43%	3798	40%
<b>TOTAL</b>	<b>3531</b>		<b>6033</b>		<b>9564</b>	

**Table 7:** Total number of HIV tests carried out in 2012 & 2013 disaggregate by sex.

Over the past two years a total of 9564 HIV tests were carried out with NO known positive results. There were more females (60%) tested for HIV in compared to the number of male (40%) that were tested.

**Indicator 1.6** *Percentage of young people aged 15-24 who are living with HIV.*

There were NO known young people living with HIV during the reporting period.

**Indicator 1.7** *Percentage of sex workers reached with HIV prevention programmes.*

The Indicator is relevant for Tonga but data is not available and reliable to inform this indicator. A population estimation of sex workers is required for better and effective intervention in future.

**Indicator 1.8** *Percentage of sex workers reporting the use of a condom with their*

The Indicator is relevant for Tonga but data is not available and reliable to inform this indicator. A population estimation of sex workers is required for better and effective intervention in future.

**Indicator 1.9** *Percentage of sex workers who have received an HIV test in the past 12 months and know their results.*

The Indicator is relevant for Tonga but data is not available and reliable to inform this indicator. A population estimation of sex workers is required for better and effective intervention in future.

**Indicator 1.10** *Percentage of sex workers who are living with HIV.*

There were NO known sex workers living with HIV during the reporting period.

**Indicator 1.11** *Percentage of men who have sex with men reached with HIV prevention programmes.*

MSM 15 – 24 years old      97.8%

MSM 25+ years old          100%

Indicator is relevant for Tonga however the data that is available to inform this indicator was collected before the reporting.

A population estimation of for MSM is required as to improve quality of prevention programmes implemented.

**Indicator 1.12** *Percentage of men reporting the use of a condom the last time they had anal sex with a male partner.*

MSM 15 – 24 years old      12%

MSM 25+ years old          27%

Indicator is relevant for Tonga however the data that is available to inform this indicator was collected before the reporting.

**Indicator 1.13** *Percentage of men who have sex with men that have received an HIV test in the past 12 months and know their results.*

MSM 15 – 24 years old      2.2%

MSM 25+ years old          1.8%

Indicator is relevant for Tonga however the data that is available to inform this indicator was collected before the reporting.

**Indicator 1.14** *Percentage of men who have sex with men who are living with HIV.*

There were NO known MSM living with HIV during the reporting period.

## TARGET 1 and 2 : SIZE ESTIMATIONS FOR KEY POPULATIONS

### 1) Have you performed population size estimations for key populations?

Key population	Size estimation performed (yes/no)	If yes, when was the latest estimation performed? (year)	If yes, what was the size estimation?
a) Men who have sex with men	NO	-	-
b) People who inject drugs	NO	-	-
c) Sex workers	NO	-	-
d) Other key populations, please specify which key population in the comment box.	NA	-	-
e) <b>Comments:</b> The above key populations above except IDU are identified on the National Strategic Plan 2009 – 2013 as at-risk, vulnerable and marginalized groups. However, it is Country needs to conduct a population estimation of each group for effective intervention in future.			

### Indicator 1.15 HIV Testing in 15+ (from programme records)

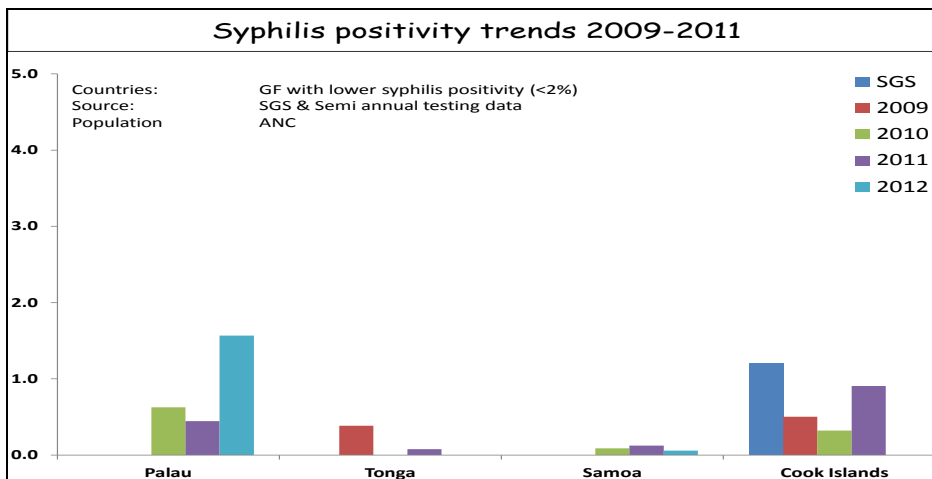
Age	15 to 19	20 to 24	25 to 29	30 to 34	35+	Unknown	Total
Male	189	550	579	403	863	34	2618
Female	273	825	887	683	661	76	3405
<b>Total</b>	<b>462</b>	<b>1375</b>	<b>1466</b>	<b>1086</b>	<b>1524</b>	<b>110</b>	<b>6023</b>

**Table 8:** Total number of HIV tests carried out in 2013 of women and men aged 15 years old and above  
Out of the 6033 total HIV tests carried out 2013, almost 100% of all women and men were in the age 15 years old and above. There were 56% women and 43.5% men aged 15 years old and over were tested for HIV and NO one was detected for HIV.

### Indicator 1.16 Sexually Transmitted Infections (STIs)

- Approaches of STI management (syndromicvs etiological) used at the different levels- at primary, secondary and tertiary health care levels

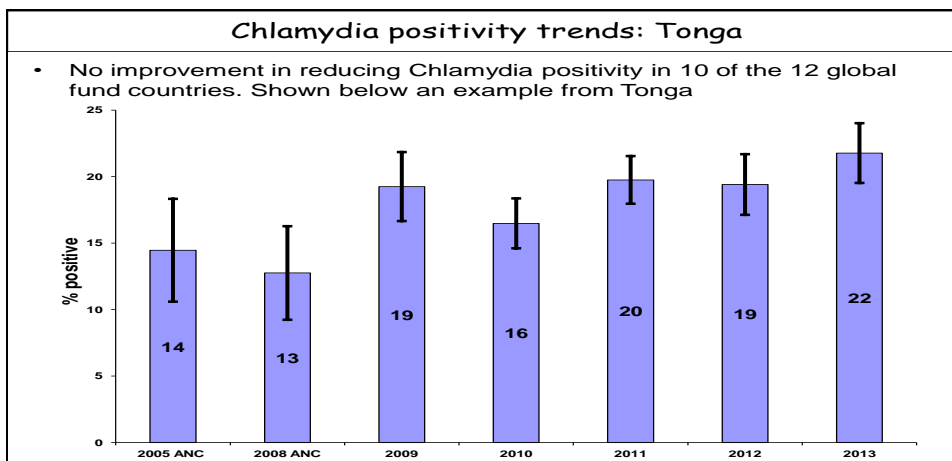
According to the national STIs treatment guidelines STI management approached can either be syndromic or etiological. Those presented with the symptoms are treated right away and counselling is essential for behavioural change. Most of the surveillance data are results from etiological approached to people tested for other STIs.



**Graph1:** Syphilis positivity trends 2009 2011

Syphilis has a very low prevalence in Tonga as per Graph 1 however the concern is with the continue increase in the Chlamydia positivity trends since 2009. In order to compact this, the intervention focus at STIs Control Strategies which aims at the effort of reducing Chlamydia new infection. Targeted strategic health information campaigns to increase awareness of high local chlamydia rate. Provision of quality comprehensive syndromic management for symptomatic STIs and improve in partner management.

A recommendation was to administered presumptive treatment for Chlamydia for women in antenatal care and their partners for this like most Pacific Islands has the most burdens. Despite the low disease burden of HIV/AIDS the National Response for HIV includes other STIs as it was address by the NSP 2009/13.



**Graph 2:** Chlamydia positivity trends: Tonga 2009 – 2013

## 7. Target 3: Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths.

**Indicator 3.1** *Percentage of HIV-positive pregnant women who receive antiretroviral to reduce the risk of mother-to-child transmission*

The Indicator is relevant for Tonga however there were NO known HIV positive pregnant women during the reporting period.



### **Indicator 3.1a** *Prevention of mother-to-child transmission during breastfeeding*

*The Indicator is relevant for Tonga but there were NO infant born to a positive woman during reporting period.*

### **Indicator 3.4** *Pregnant women who know their HIV status*

The Indicator is relevant for Tonga however there were NO known HIV positive pregnant women during the reporting period.

## **8. Target 4: Reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015**

**Indicator 4.1** *Percentage of adults and children currently receiving antiretroviral therapy.*

- ART guideline/ ART eligibility regulations- when were the national ART guidelines last updated?

Tonga has yet to develop a national ART guideline but have adopted WHO ART guidelines as well as Regional ART treatment protocol developed by the Secretariat of the Pacific (SPC).

- The treatment regimens/options (first line) used in country

**First line Regimen:** AZT 300mg BD + 3TC 15mg BD + EFV 600mg OD

- Number of ART sites (both government, private, NGO)

Currently ART Program is only provides at Vaiola Hospital at the main island and mainly because both PLWHIV are residing at the main islands.

- Number of people on ART (enrolled and retain on treatment) disaggregated by age sex

Currently only one of the two PLWHIV is eligible for ART and have been enrolled and retain on treatment since 2012. The other adult LWHIV has enrolled on the HIV Care Program but not yet eligible as per CD4 count and viral load.

- TB/ HIV co-infection- policy recommendations

All clients tested positive for TB are screened for HIV and vice versa. There have NO known HIV positive person tested positive for TB.

- Financing of ART

Global Fund is currently funded the ART for the Program as a regional initiative.



**Indicator 4.2** *Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy*

100% as only 1 eligible PLWHIV who are currently enrolled on ART Program and has retained treatment since initiation of therapy.

## **9. Target 5: Reduce tuberculosis deaths in people living with HIV by 50% by 2015**

**Indicator 5.1** *Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV*

Indicator is relevant there were NO known HIV-positive incident TB cases during the reporting period. A total of 10 tested positive last year 2013 and now were tested positive for HIV.

## **10. Target 6: Close the global AIDS resource gap by 2015 and reach annual global investment of US\$ 22–24 billion in low- and middle-income countries**

**Indicator 6.1** *Domestic and international AIDS spending by categories and financing sources*

**Table 8:** Total expenditure of the HIV/STIs Program in 2012 – 2013. Exchange Rate 0.5536

Source of Funding	2012	2013	Total Expenditure 2012/13
<b>Global Fund</b>	55524.51	39909.4	95433.91
	53400.27	7554.7	60954.97
<b>Response Fund</b>			
Stream 1	71206.74	155962.8	227169.54
	17174.31		17174.31
Stream 2	24213.48	8000	32213.48
Stream 3	14962.95	7985	22947.95
Stream 4.1	65845.92		65845.92
Stream 4.2	11665.32		11665.32
Stream 4.3	25163.36	11904.45	37067.81
	48652.74		48652.74
<b>WHO</b>	0	5000	5000
<b>Government Contribution</b>	83852	83852	167704
<b>Business/Private Sector Contribution</b>	1000	1000	2000
<b>NGOs with budget</b>	3500	4300	7800
<b>TOTAL (TOP)</b>	<b>476161.60</b>	<b>325468.35</b>	<b>801629.95</b>
<b>USD\$</b>	<b>263603.06</b>	<b>180179.28</b>	<b>443782.34</b>

## 11. Target 7: Eliminating gender inequalities

**Indicator 7.1** *Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months*

The National Study on Domestic Violence against women 2009 stated that 19% of ever-partnered women experience physical and/or sexual violence in 12 months preceding the survey. Prevalence of ever-partnered women experience physical or sexual violence is 33%.

## 12. Target 8: Eliminating stigma and discrimination

**Indicator 8.1** *Discriminatory attitudes towards people living with HIV.*

DHS 2012 stated that 86% of both men and women still express strong stigma and negative attitude towards PLWHIV.

Male	11%	Overall tolerance and acceptance attitudes towards PLWHIV
Female	3%	Overall tolerance and acceptance attitudes towards PLWHIV

## 13. Target 9: Eliminate travel restrictions

**Travel restriction data is collected directly by the Human Rights and Law Division at UNAIDS HQ, no reporting needed**

## 14. Target 10: Strengthening HIV integration

**Indicator 10.1** *Current school attendance among orphans and non-orphans aged 10–14.*

The indicator is relevant for Tonga and the DHS shown that children at the age of 10 to 14 years living with both parents and at least one have higher chances to attend school than that of an orphanage.

44.4% attend school among orphans

99.5% attend school among non-orphans

**Indicator 10.2** *Proportion of the poorest households who received external economic support in the last 3 months*

DHS 2012 did not directly stated the proportion of the poorest household receive external economic support however, the Social Welfare Scheme for elderly people supports a lot of lower income families apart from the remittance either from with or out of Tonga.

**Indicator P.1 National Commitments and Policy Instruments (NCPI)**

Tonga will not report on the NCPI on this report as no much change to that of the last stated on the last GAPR 2012.

**Indicator P.1b WHO POLICY QUESTIONS (old 7.1b)**

Refer to online report from Tonga.

## **15. Best practices**

### **Healthier Environment for the population at risk:**

The past progress report showcase the increasing numbers of the population at risk particularly MSM. They cooperate in providing advocacy services to the public through different public campaign.

Throughout this reporting period, it features a shift from advocacy to better knowledge toward practise. It means practising of a practical prevention and intervention to protect as much as possible the population at risk from getting the diseases (reduce incidence) and provide effective intervention to save (increase remission) or to push back the age of death of those who have the diseases (STI and HIV).

The same population group as known as TLA achieved great milestones in the establishment of the Tonga Ladies Association Office and Drop in Centre namely “Ofa he Paea Drop In Centre” (The Shelter with Passion for those who are in Need) (Kupu, 2013). The participation of the Royal Family (HRH Princess Pilolevu Tuita), Prime Minister (Lord Tu’ivakano), Cabinet Ministers, Members of Parliament, the Nobles of the Realm as well as the public in the official opening of this centre speak in unified voice that there is no unanswered question for those who in needs. It features strong political support toward the centre that can scale up care, prevention as well as intervention in supporting of what the government and development partners are delivering within their tighten financial constraint.

There was also a significant increase in the number of accredited VCCT sites from 4 to 11 since 2009 while there are 3 in the pipe line in addition to the 10 Youth Friendly Services (YFS) or school based clinic during this reporting periods. These sites are equipped with more than 50 trained counsellors and an improved referral system between CSO service station up to the Ministry of Health when it is necessary (Kupu, 2013).

This referral system fills up the gaps and weakness of each organization and joins the dots that can provide a comprehensive integrated approach for the population who should be protected or to be treated. This is a fragile mechanism in the country setting with limited resources because it demands a more effective (an intervention that will provide the desired results) at least possible cost.

In addition, sound referral system provides better opportunities for the Government and Development partners to target where are the gaps and weaknesses in the chain of the services that would greatly need empowerment and strengthening. It will entertain such investment that are value for money and would achieve the greatest impact.

It is evident that the future solution should build around the strengths and the solid foundation accomplish in shifting the knowledge into best practise.

## **16. Major challenges and gaps**

Despite all achievement and best practise achieved during the reporting period, there are challenges, unfinished agenda and absolute gaps that are critical for the future national campaign to address HIV and STIs in Tonga.

### **Strong and Continuous Leadership:**

Even if the national structural arrangement is yet to be ideal, there is a clear need for strong and continuous leadership that maintain its focus on the national goal “To reduce the spread and impact of HIV and other STIs, while embracing people living with and affected by HIV in Pacific communities.” While we cannot afford to put our entire solution in one individual (basket), the governance body that unite influential individual organization of concerned require further enhancement and ongoing maintenance. It was highlighted in the Mid-term report as well as from the final evaluation of the National Strategic Plan for HIV and STI that the Terms of References should be revisited. It is vital to execute this work as part of the designing an improved platform to shoulder the National Strategic Plan for HIV and STI for the period of 2014-2017. Failing to provide this service put the national effort to fight HIV and STI in great risk particularly the fragile situation of Political and Government transition. The situation that we saw frequent changes of leaders (4 different health Ministers within 2-3 years) and movement of organizations (Centre of Women and Children) in short space of time.

## **Policy to guide best practise:**

Leadership cannot operate on its own without an appropriate and better define roles and responsibilities between different types of stakeholders who involves as well as individual. It is acknowledged that there are documentation and information on who are the stakeholders and their core functions but there is small and close to nothing exist on the referral system that currently exist. Much of this professional working relationship was build based on individual wills and passion which is a great leap forward. It is the appropriate time that this initiative should staircase to a formal, static and more reliable understanding and agreement. It should target a referral system that will objectively deliver cost effective output (intervention that achieves the desired output at least cost) and subsequently yield better outcomes. In other words, a referral system that will operate consistently and remain unchanged even if the players has changed. But even within each stakeholder, there is also a need to devise policy that will guide the daily operation and individual performance such as Blood safety guidelines, Health Promotion Strategies and Behavioural Change Communication Strategies identified by the Evaluation of the NSP 2009-2013.

## **Behavioural Change**

Globalization and international collaboration shed us light that some of the factors that are deep rooted in our culture such as the typical and traditional roles of women require cultural re-orientation. Recent evidences reveal that girls outperformed boys academically at school (GoD, 2009) and earned more cash paid employment (74%) compares to men (60.5%) (DHS 2012). For these reasons alone, it makes sense for women to be heavily involved in the leadership and management of family, communities and the public at large. There is a speculation that the typical/cultural belief in the supportive roles of women attribute to a significant proportion of domestic violence at home, community and in the public at large.

HIV remains a great risk with relatively low health effect in the Tongan community. Families, Communities and individual remain too scarce of HIV and sometimes overprotected themselves by exhibiting discrimination against individual with HIV or attempt to violate the confidentiality involves as part of their prevention measures.

## **Integrated M&E Framework**

The simplicity of Pacific Communities such as local domination in ethnicity resided in Tonga suggests that it is feasible to build a unified/integrated monitoring and evaluation frameworks. It is crucial to have a more sensitive surveillance that will improve early detection rate for a better control and intervention. There are many more sites and individual that provides a

combination of screening, prevention and intervention services but the gaps arise when the national governance body would like to define the population who are at low, medium and high risk, the incidence rate that provide inflow of well population to the population with disease as well as the remission.

Much of the focus mainly targeted the high risk population and adolescent age group. There is small and close to nothing on where the population with STIs came from. Whether, the affected population comes from the high, medium and low risk population groups. The slowness of stronger public participation can be attributed to where the focus is inappropriately placed or else. Population movement further complicate effective monitoring system of individual organization and the momentum of continuous treatment and care and loss to follow up. The collection of such problems can provide misleading understanding result that the situations are improving while it can be totally different at the population scale.

Each organisation and stakeholders has their own focus and capacity and strongly linked to what information they collects to serve themselves. There are issues in relation to the lack of consistency in the routine data collection to serve the national targets indicators particularly the progress towards achieving targets.

## **17. Recommendations**

The general recommendation pointed to a broad theory of continues of what has been started and start what should be started. It means that we strengthen the entire best practise outlined in this report, fill the gaps, finish the un-finish agenda and applied recommend solutions for identified challenges.

These following broad recommendations require a comprehensive integrated approach from the government, CSOs and Development Partner's communities consistently and simultaneously.

It is anticipated that organization and partners' specific needs and recommendations will be details discussed at the newly introduced NSP 2014-2017 with appropriate timeframe and associate cost. This report aims at building a pathway from the past progress report, mid- term review, evaluation of NSP to the new planning and implementation pathway set out by NSP 2014-2017.

### **Improved Strong and Consistent Leadership**

It is advisable that the comprehensive evaluation of the NSP for HIV and STI 2009/13 be translated into action and practise particularly the appropriateness of the Terms of Reference

of the National Governance Body. It is now that this action is need to be addressed and strongly enhanced to shoulder the newly introduced NSP for HIV and ST 2004/2017.

### **Introduce relevant policies to guide best practise**

The National Referral System between partners is amongst the key tools that will guide effective and efficient service delivery that will yield better outcomes nationally and for individual organization. Even so, the in-house business processes that will support and maintain individual best practise and performance should be also introduce and strengthen as part of the supporting mechanism of the national referral system as well as NSP 2004-2017. Mindful that should be some flexibility (dynamic) that can maintain the relevancy of the policy at present and it the years to come.

### **Behavioural Change**

Cultural orientation as a nation and at the community and family is critical in the sense that the problem of Non Communicable Diseases looks for the same solution. It should be carried out with great cautious since culture is a great asset of any country and incur minimize negative impact on other dimension.

### **Integrated M&E Framework**

While HIV and STI are crowded areas of stakeholders in country, at the region and the global scale, Monitoring and Evaluation is a unique area that demands strong collaboration. In fact, it was identified as common weaknesses of most partners in Tonga even though there was great capacity building involves as part of NSP 2009/2013.

Nonetheless, it is confirmed that some organization (typically the government and regional financier) has potential to help and lead this work in order to assist those who remain a learning stages without mentioning how critical of this approach for a better outcome from population screening, prevention, care and intervention programme.

The recommendations should be broken down by program management, policy/ coordination, prevention, HIV testing and counselling, care, treatment and support, knowledge and behaviour change, financing, human resources, surveillance, M & E and technical assistance.

## **ANNEXES**

**ANNEX 1:** GARP 2014 Tonga Report Check List

**Annex 2:** Estimations and Projections, Secretariat of the Pacific Community



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